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ORIGINAL DEPARTMENT.

LECTURE.

ON THE TREATMENT OF DROPSIES DUE TO DISEASES OF THE HEART.*

A CLINICAL LECTURE BY PROFESSOR
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Of Paris, France.

(Concluded from page 771.)

Thus far I have spoken of medicaments given singly; but often the physician, to obtain a more complete action, will find it more advantageous to associate several diuretics in one prescription. Thus you have often seen me give acetate or nitrate of potash along with vegetable infusions which of themselves have a reputation for facilitating diuresis, such as parietaria, scorpiarium, pareira brava, etc., and there are certain wines, syrups, and oxymels containing several diuretic ingredients combined.

The diuretic wines are in very general use, and one of the best known is that of Trouseau, which is given in the dose of from half a fluid ounce to two fluid ounces daily, in divided portions. The formula of Trouseau's diuretic wine is as follows:

R. Dried digitalis leaves. 10 parts.
Squills, 5 "
Juniper berries, 50 "
White wine, 750 " M.

Macerate four days, add of acetate of potash, 15 parts. Filter. Dose, 1 to 2 tablespoonfuls three times a day.

Prof. Gubler has given to the profession an oxymel called the diuretic oxymel of Beaujon, the formula of which is as follows:

R. Tincture of digitalis,
Fluid ext. of ergot, 10 parts.
Gallic acid, 5 "
Bromide of potassium, 30 "
Syrup of wild cherry, 100 "
Vinegar of squills, 515 " M.

Dose.—A tablespoonful three times a day.

Lastly, the syrup of five roots (a popular preparation of the French codex) has been happily modified by Bouchardat, by the introduction of acetate of potash (50 parts by weight per 1,000 of the syrup).*

You can then vary your treatment to avoid fatiguing the stomachs of your patients and turning them against the medicine, alternating the administration of one remedy with that of another, and then in a little while returning to milk, which increases diuresis, has a calmative local action, and combats irritation of the stomach when provoked by the digitalis or other diuretic agents employed.

Debreyne (*Bulletin de Thérapeutique*, 1843), who has given valuable therapeutic formulae for diseases of the heart, was in the habit of associating digitalis with nitrate of potash in the following way: He prescribed tincture of digitalis in increasing doses, and insisted that the medicine should be faithfully given at stated hours during the day. Thus a dose of the tincture (and he would generally begin with four drops) was to be given morning, noon, and night; this dose was gradually increased till 20 drop doses were given three times a day (60 drops in the 24 hours). Each dose was taken in a glass of water in which twenty grains of nitre had previously been dissolved.

Such was Debreyne's method. On my

*The syrup of five roots contains holly, asparagus, funnel, smallage, and parsley.

part I advise you, if you adopt this way of associating these two diuretic agents, to give the digitalis, not in increasing, but in decreasing doses, beginning with the largest dose and diminishing the number of drops each day till you come down to the smallest dose. By following these directions you will be able to continue the administration of these diuretics longer than you otherwise could.

What effects will you obtain from this kind of treatment? Effects often truly marvellous. In fact, three or four days after the administration of the digitalis, you will see the urine augment, often in remarkable proportions, and the oedema and effusions disappear as if by magic. Then, when the patient is delivered of his dropical encumbrance, you will see the quantity of urine return to its normal figure.

Unfortunately, one does not always, it is true, obtain so complete a success; everything, in fact, depends on the state of the kidneys, which, if they are intact, respond energetically to the stimulation of diuretics. Recall to your minds, for instance, a patient who recently entered our wards for general dropsey, associated with a mitral affection. Already in previous years he had been three times admitted to the hospital by our colleague Meanet, for the same symptoms, and each time, under the influence of diuretics, his dropical swelling disappeared. Again, the treatment has had a happy result, and the patient has left the hospital in a satisfactory condition. But it is not so when the kidney is altered in its structure, or is "smitten with imbecility," to use Gubler's expression; it no longer responds to diuretics, and the treatment remains ineffectual.

Without stopping to consider other diuretic agents, which have been proposed in affections of the heart, some of which are odd and absurd, like the "*blatta orientalis*," we will pass on to another group of medicaments, and you will see that, thanks to the tolerance of the digestive tube in cardiac affections, you will find in purgatives an important adjuvant to combat the dropsies.

Just as it was in the case of diuretics, we find purgatives divided into several groups; thus, we have the mild purgatives, such as castor oil and salines, and others called drastics, which determine an enormous secretion from the digestive tube. As in the affections of the heart you desire an energetic and prolonged effect, an out-pouring of serum, in fact, from the whole digestive tube in order to remove the serous effusion in the cellular tissue and great cavities, it is to

these drastic purgatives that you should resort.

One of the most vaunted is scammony, which, given in milk in the dose of from 7 to 15 grains, produces copious stools.* Jalap† possesses the same properties, and there is a preparation of jalap much in vogue, which may render you service in the treatment of dropsies. I refer to the *Eau de vie Allemande*, or compound tincture of jalap, which is given in the dose of one or two tablespoonfuls. The celebrated purgative "*Médecine Leroy*," which was once in so great favor, was nothing but the compound tincture of jalap sweetened with syrup of senna. Guillié has formulated an "evacuant syrup" similar to the tincture of jalap, in which nitre is one of the ingredients. You can also make use of the electuary of Cruveilhier, the good effects of which you have seen in my service.†

Ordinarily I make use of the following mixture, which has always given me excellent results:

- B. Tincture jalap co.,
Syrup of senna,
Syrup of buckthorn, àa f 3j.
M. Dose.—One to three tablespoonfuls.

* Scammony (*Aleppo Scammony*) is a gum resin obtained from the *convolvulus scammonia*. The top of the root is cut off just below the origin of the stems, the milky juice which exudes is collected in shells. According to various chemical authorities scammony contains resin, extractive matters, gum, starch, bassorin, gluten, albuminoë, cellulose, and salts. According to Spiralis, the resin is identical with that of male jalap, and it is to this that scammony owes its medicinal properties.

The resin is a powerful drastic purgative given in the dose of from 6 to 9 grains in mucilage or in sweetened milk.

Scammony in powder may be given in the dose of 7 to 30 grains. According to Rayer and Villemain, scammony acts better in small doses than in large doses.

† Jalap also belongs to the *convolvulaceæ*. The root only is employed; from this a resin is extracted which contains (Buchner and Herberger) jalapin and jalapic acid. Like scammony, jalap is somewhat uncertain in its action. The root may be given pulverized, in the dose of 15, 30, or 45 grains. The dose of the resin is 3 to 9 grains.

EAU DE VIE ALLEMANDE.
(Comp. Tincture of Jalap.)
Take of jalap root, 8 parts.
Turpeth root (*ipomoea turpethum*), 1 part.
Scammony, 2 parts.
Alcohol at 60° 96 parts.

Mix. Macerate ten days and filter.

Dose.—Half a fluidounce to an ounce.

The "purgative medicine of Leroy" contains scammony, turpeth, and alcohol, and is a powerful drastic cathartic. [The compound tincture of jalap is a preparation much employed, and which might well find a place in the U. S. Ph. Tr.]

† The formula of the electuary of Cruveilhier is as follows:

- B. Powdered senna, 40 parts.
Scammony, 10 "
Gamboge, 3 "
Jalap, 40 "
Syrup of buckthorn, 300 "
Honey, 300 "

M. Dose.—A teaspoonful in the morning on rising. [A useful preparation of jalap, much in use in the United States, is the compound jalap powder (one part of jalap to two of cream of tartar), of which the dose is one drachm. It is a good hydragogue purge. Of scammony, the official preparations are the Confection, the Pil. Colocynth Co., the Pulvis Scammoniae Co., and the resin.]

Some patients object to taking syrups and electuaries; in such cases you can give purgative pills, such as the Pil. Scammoniae Co., and Troussseau's pills, which are powerful hydragogue cathartics.*

When I spoke of diuretics I showed you that Debreyne was in the habit of combining digitalis with nitrate of potash; he completed the treatment by the administration of two wines; the *vinum major* and the *vinum minor*.†

Of the *vinum major* he was in the habit of giving morning, noon and night, at first, a tablespoonful, then two, then three tablespoonfuls. As for the *vinum minor* he would give it in larger doses, ordering as much as a wineglassful three times a day.

I have made trials of these wines of Debreyne, and have observed that when taken willingly by patients they give good results, but they soon produce an irritation of the digestive tube. This leads me to speak to you of the action of drastic purgatives on the economy.

You must have often been struck by the tolerance of the digestive tube in cardiac patients, who are able for months, and even (it may be) years, to take powerful cathartics without much injury. But along with these facts of observation, it must be confessed that in many cases these purgatives soon produce a violent irritation of the whole alimentary canal. These disadvantages were especially apparent, when, during the time of its popularity, physicians were in the habit of giving the "Médecine Leroy," and when you make free use of drastic cathartics in your practice you will often witness such untoward results.

In fact, this faith in drastic purgatives is widespread, and when we see nostrum vendors vaunt the cleansing and evacuant properties of their drugs, they cater to the popular notion that certain "humors" or secretions are the cause of the diseases, and that in expelling these they cure the disease.

* Troussseau's pills:

B.	Extract colocynth co.,	10 parts.
	Extract rhei,	10 "
	Gamboge,	10 "
	Extract hyos.,	2 "
	Oil of anise,	29 "
M.	Divide in pil. No. xx.	

† DEBREYNE'S VINUM MAJOR.

B.	Jalap,	8 parts.
	Scille pulv.,	8 "
	Pot. nit.	16 "
	White wine,	1000 "
Mix.	Macerate twenty-four hours and filter.	

DEBREYNE'S VINUM MINOR.

B.	Juniper berries,	20 parts.
	Nitrate of potash,	6 "
	White wine,	500 "
M.	Macerate the berries four or five days, filter and express, then add the nitrate of potash and filter.	

The dose of these two wines is one or two tablespoonfuls.

This is a profound error; the glairy mucous secretions which are expelled are but the result of inflammation of the digestive tubes, provoked by the irritating medicaments.

Whether you practice in the city or in the country, you will see patients with cardiac or other diseases who have been too much dosed with drastic cathartics. You should combat this tendency to overmuch "physicking," and show the danger that attends such treatment; and if, in diseases of the heart, you may often derive benefit from drastics, do not forget to be chary in their employment. Watch, then, the action of the medicament; reduce to a minimum the irritation which it occasions; and when the symptoms of inflammation appear, set aside your hydragogue cathartics, and resort to other forms of treatment. Remember moreover, that these drastics sometimes determine colicky pains which you must seek to prevent or lessen by a skilful combination of your medicaments.

Diuretics on the one hand, purgatives on the other—such is the therapeutic armamentarium which the physician may use in combating cardiac dropsey.

We have just seen the advantages derivable from medicines which drain off serum from the cellular tissues and great cavities, by the kidneys and intestines. The skin has also been utilized, and sudorifics have been vaunted in the treatment of cardiac edema. The external means, such as dry fumigations or vapor baths, should be abandoned, because, while being generally ineffectual, they may be dangerous in individuals with cardiac affections.

Are you likely to be more successful with internal sudorifics? I will be brief on this head; for there exists, properly speaking, but one substance really possessing this quality, namely, jaborandi. Since the discovery of the active principle of this plant, i. e., pilocarpine (which may be injected under the skin in the dose of one-eighth grain to two grains and given by mouth under the form of nitrate of pilocarpine) jaborandi has given place to its alkaloid. Notwithstanding the diaphoretic and sialagogue effects of this medicine, it has been little used in the treatment of cardiac dropsey, for if you refer to the trials made by Hardy and Gallais, Gillet of Grandmont, and especially by Vulpius, you will be convinced that pilocarpine has a paralyzing effect on the heart. You ought then to abandon sudorifics almost entirely in heart affections and to stick to purgatives and diuretics.*

* When you inject under the skin of a chloralized dog a

Thus far we have been occupied with the internal treatment of cardiac dropsies. I shall now show you that this complication of affections of the heart also demands a local treatment which merits a few minutes' consideration.

You have seen, that by diuretics and purgatives one may combat the dropsies resulting from affections of the heart; but in certain cases these dropsies present a special character, whether from the over-distension which they effect in the cellular tissue of the lower limbs or genital organs, or from the fact that accumulating in one of the great serous cavities, they oppose the functional operations of the different viscera.

Let us examine these conditions, and see what the physician is to do under such circumstances. When the skin becomes distended and shining, and ready to burst under the pressure of extravasated serum, and the patient can no longer move by reason of the swelling of his limbs, it is the duty of the physician to interfere and favor the evacuation of the serum.

Two methods accomplish this result. The first, and much the most employed, is punctures; a simple procedure often put in practice in our wards. You have, in fact, often seen me, with a fine and well-oiled needle, prick the lower extremities at different points, and by this operation, which is unattended with pain, cause an abundant flow of serum from the minute openings thus made. These punctures should be some little distance apart, and their number should be limited to twenty or thirty for each limb. You can also prick the genital organs in several places. It has even been advised, in order to diminish the chances of inflammation, and to keep the openings from closing up, that the point of the needle, before being used, should be heated to a red heat in the flame of a lamp. This is a good precaution, and one which in some cases I would recommend.

The great inconvenience attending this method is the incessant flow of serum, which wets and soils the bed-clothes and linen of the patient, and keeps up a constant dampness about the oedematous members. You must, as far as possible, prevent the permanent contact of the exuded serum with the patient's body, and you will attain this

large dose of jaborandi (60 to 90 grains of the leaves infused in a fluidounce of water), the pulse falls to 39 or 40 per minute, and sometimes even lower. In frogs the extract of jaborandi applied upon the heart arrests its movements like muscarine. When pilocarpine is given internally to these animals the heart-beat falls from 50 to 7 or 8 per minute.

The blood pressure diminishes in animals under the influence of jaborandi, as in man, and Gillett of Grandmont has given tracings which are very instructive in this regard.

result by enveloping the limbs with those rubber wrappings which render so great service in the treatment of the diseases of the skin.

Recommend also, especially, that the patient keep in a sitting posture in his bed, or that he be in a semi-reclining posture in an arm-chair. Here in our hospitals we obtain this result by bending the mattress, and thus transforming it into a chair, which allows the legs to hang, permitting a free flow of the serum. In private practice, you can use those mechanical reclining chairs which have been so perfected of late, and with which you can obtain all the positions desirable.

You can also evacuate serum by incisions with the lancet or bistoury; but you must not make long ones, which are dangerous, and may be accompanied by phlegmons, which are more grave from the fact that the distended skin has lost much of its vitality. Moreover, these incisions readily become complicated with sphacelus; often, even after having taken all the necessary precautions, and having used a very sharp instrument, you may be mortified by seeing gangrenous or erysipelas-like inflammation invade the inferior extremities.*

This is one of the most serious objections against this method, which, for this reason, ought to be limited to cases in which all other means have failed to rid the patient of his burdensome oedema. However, despite all these disadvantages, I do not hesitate to say that this little operation may give excellent results; and you have seen in our hospital wards—as I myself often saw when I was interne under Dr. Moissenet—astonishing cures effected by this local treatment, joined to an appropriate general treatment. But the favorable action of these punctures is not long-continued. In fact, at the end of a certain time, a veritable induration (sclerema) of the cellular tissue takes place, when even the deepest punctures do not give issue to any serosity.

To avoid the employment of sharp-pointed instruments, another method has been proposed in order to give vent to serum. This method consists in rubbing the lower limbs of the patient with a few drops of croton oil,

* To combat the accidents which may result from punctures of the limbs, Wilkens proposes the following means: After having well oiled the limb, he rapidly makes 20 or 30 punctures with a fine needle, taking care that the points shall penetrate the subcutaneous tissue; then these punctures are covered with sponges which have been wrung out in a solution of salicylic acid. As fast as these sponges fill, their contents are squeezed out, and they are again wrung out in the salicylic solution and replaced. This is done every two or three hours. (*Lancet*, Jan. 25, 1879.)

which gives rise to a crop of vesicles, whose rupture allows serum to escape. Trousseau, who devised this method, has much extolled it. For my part, however, I prefer the punctures. Croton oil, in fact, either determines too active an inflammation, which overpasses its end, or has an uncertain action, by reason of the little vitality of the skin. Moreover, it has not been proved that these little openings in the skin, caused by croton oil, are less liable to inflammation than those made with a needle.*

Some little time ago, at one of the medical congresses (the Congress of Havre), Dr. Southey proposed another means of evacuating serum, which consists in the introduction into the cellular tissue of fine drainage canulas, whose free extremity fits into a rubber tube which communicates with a vessel by the side of the bed. This way of conducting the serosity into an outside receptacle enables one to do away with the great inconvenience which I have before pointed out, namely, the incessant contact of the exudation with the edematous members. I have not made trial of this mode of treatment, and am not prepared to judge concerning it. I should fear, however, that the presence of a foreign body, such as a capillary trochar, in an edematous and ill-nourished limb, would set up considerable inflammation of the tissues. I would therefore advise you, before adopting this method in your practice, to wait for more certain proofs of its harmlessness.

In other circumstances, it is not in the cellular tissue that the serum accumulates, but in the great visceral cavities. In fact, under the influence of uncompensated mitral diseases, you will see passive non-inflammatory effusions in the pleura and peritoneum. These effusions sometimes become so abundant that they hinder the regular functional operations of organs most necessary to life. Allow me here to study separately this question in its relation to the two great serous cavities.

* Applied to the healthy skin (10 to 40 drops), croton oil produces, after several hours, pain, redness, heat, and swelling. Then, after about twenty-four hours ordinarily, appear vesicles, whose contents, at first clear and transparent, rapidly become turbid and purulent. On the diseased skin according to Trousseau, there are two different effects. If the skin in cardiac affections is edematous but hard, the croton oil application produces but an insignificant eruption. If the skin be distended, smooth, transparent, a copious eruption appears. The vesicles break almost immediately, and occasion an enormous loss of serum. The lesion of continuity which results from the rupture of the vesicles has at first an ugly look, but soon heals.

Trousseau recommends to make this friction only on the legs, and to take care that the croton oil does not touch the scrotum, lest severe ulceration should ensue. The patient should be seated in an arm-chair, and the legs wrapped with cloths after the application. If no result is witnessed, another application must be made on the next day, and so on, till a sufficient vesicular eruption is produced.

In certain diseases of the heart, to the trouble of the circulation, and especially to the concomitant albuminuria, are added pulmonary oedema and a double pleuritic effusion which is not generally large in amount. There are, moreover, cases in which you will observe a one-sided effusion, constituting a hydrothorax, which seriously aggravates the respiratory distress already produced by the heart disease itself. In these cases, despite the persistence of the cause of the hydrothorax, and the almost absolute certainty that there will be a return of the effusion, do not hesitate to aspirate the chest if asphyxia threaten.

This operation may indeed render signal service; it restores equilibrium to the circulation and respiration, and enables you again to apply your medicines to advantage. You may be able, by this means, not only to relieve the patient, but to prolong his life for months. Siredy has reported instances of the kind, and for my part, when such cases occur, I do not hesitate to aspirate.

As for ascites, this is a question which presents far greater difficulty, and demands much fuller consideration.

The affections of the heart, as you know, are often accompanied by a special cirrhosis, called *cardiac cirrhosis*, characterized by the fact that the venous net-work of the portal vein is choked up by the swelling of the radicles of the hepatic veins, which participate in the mechanical stasis of the inferior cava. This condition is the opposite of that in true cirrhosis, in which the compression of the radicles of the portal vein takes place at the periphery of the lobule. Here we see the pressure beginning in the center of the lobule, and operating from the center to the periphery, causing that post-mortem appearance in the liver known as *nutmeg liver*. In these cases, whether of true or of cardiac cirrhosis, the circulatory disturbances in the portal and hepatic veins always manifest themselves by a more or less abundant outpouring of serum into the abdominal cavity. Hence you will not be surprised to see in cardiac cirrhosis, ascitic effusions quite as pronounced as in true cirrhosis.

What treatment should be pursued in such cases? From past experience I cannot but regard paracentesis or aspiration in ascites connected with true cirrhosis, as an operation more injurious than useful, and in my hospital service you very seldom see me resort to this operation in such dropsey. I have in fact always observed that patients rapidly become enfeebled under the influence of this operation, and as the obstruction in the liver ne-

cessarily remains the same, reproduction of the effusion soon takes place in the abdominal cavity after tapping, and this kind of "white bleeding" only exhausts the patient, and cuts short his days. Hence, deaf to the importunities of the patient, I defer tapping as long as possible, and only resort to it in the event of impending asphyxia.

Is this mode of procedure, which I regard as good in cases of true cirrhosis, also applicable to cardiac cirrhosis? One might be tempted to reply in the affirmative, when having in mind the heart lesion and the consecutive hepatic lesion. Paracentesis, in fact, is a palliative measure which has no action on the primary and determining cause. I am disposed, however, to be less rigorous on this point, and to regard abdominal paracentesis as of more utility in cardiac than in true cirrhosis. Let me explain: Cardiac cirrhosis, which is due, I repeat, to the mechanical congestion of the hepatic radicles, is not to be compared, from the point of view of its persistency and importance, with true cirrhosis, resulting from gradual and progressive development of the connective tissue elements.

It is, in fact, easy to understand that if you can succeed in modifying the circulation in the vena cava, you may diminish the varicose development of the intra-lobular and sub-lobular veins, and the hepatic radicles generally, and thus lessen the pressure on the portal system. So when you are in presence of a patient suffering from a cardiac affection, if the cachectic state be not too advanced, if the oedema of the lower limbs be not too great, and at the same time the ascites is abundant, you can perform paracentesis with advantage, especially if the effusion impedes the functions of the diaphragm, and thus augments the trouble of the cardiac circulation.

These cases are less rare than you would think; and you will see, if you have not already seen, patients suffering from mitral affection, who present this peculiarity, that while having but little oedema of the lower extremities, they have considerable ascites. It is true that the diagnosis is often doubtful, and that one may well ask if he has not to deal with a disease of the heart co-existing with true cirrhosis.

Cirrhosis is, you know, an affection depending on a chronic inflammation of the liver, an inflammation often having for its origin the passage through the lobules of the liver of alcohol which has been ingested in excess. Your patient then may have been a hard drinker, and you readily see how

both of these affections may exist together: cirrhosis with the mitral affection. In these cases the diagnosis is very difficult, though the course of the disease, and the signs derived from an attentive examination of the patient, may help to clear up the diagnosis. In presence of these facts, whether doubtful or not as to the pathological condition, do not hesitate to tap and relieve the heart. If you have to do with true cirrhosis, its course will be but little modified, while, on the contrary, if you have to do with cardiac cirrhosis, the operation will permit an active medicinal treatment to have its effect, and thus prolong life.

Such, gentlemen, are the rules which you are to follow in the general and local treatment of dropsy.

COMMUNICATIONS.

A POSSIBLE DANGER IN THE USE OF THE RING AND STEM PESSARY.

BY E. C. BAILEY, M. D.,

Of Philadelphia.

The victim of the accident which forms the subject of this paper, was a lady over 70 years of age, who had been wearing a ring and stem pessary for more than 30 years. The mother of several children, her perineum had been torn, in one of her labors, down to the sphincter ani muscle, and the cervix uteri lacerated bilaterally to the vaginal junction on each side. These mishaps had resulted in a subinvolved uterus, with all the discomfort and disability which such a condition of affairs entails. The womb had not undergone the usual senile atrophy, and was larger than is commonly found in healthy multiparae during menstrual life, requiring artificial means to prevent it from escaping from her body. The instrument in question consisted of a hollow ring of block-tin 1½ inches in its internal diameter, attached to a Y-shaped vaginal stem of the same material, and supported by a perineal band and an abdominal belt. This she was accustomed to adjust before rising and to remove after retiring, thus keeping the uterus in place most of the time, and enabling her to attend to her household duties with comparative ease.

She spent the morning of the day on which the accident occurred in shopping, and the afternoon and evening at the house of a relative. Shortly after tea she began to suf-

fer pain in the region of the uterus. This pain she described as resembling that of the expulsive stage of labor. It soon changed in character, becoming more like the cramp of colic; and, attributing it to indigestion, she took some simple domestic remedy, without relief. Later in the evening her suffering became so great that she reached home with difficulty, at once undressed, and as usual attempted to remove the supporter after getting into bed. The firm traction she exerted, instead of dislodging it, pulled the womb completely outside, and gave her intense pain. Answering a hurried summons, I found her writhing in agony, her features pinched, her face covered with cold, clammy sweat, her pulse quick, rapid, and feeble, and every indication of impending collapse. Protruding from the vulva was a tumor fully six inches in length, purple, and exquisitely tender. Examination showed the ring and stem deeply imbedded in the swollen and edematous tissues, the former encircling the base of the mass just within the orifice of the vagina. The uterus had passed through the lumen of the pessary with such force as to bend the Y-shaped stem from its original position at right-angles with the plane of the ring it supported to one nearly parallel with it. The attempts to remove the instrument had made the trouble worse by burying the constricting metal still deeper into the suddenly vaginal walls; the dislocation of the womb had increased the congestion, and complete strangulation was the result. The condition of the incarcerated organ was such that I did not feel justified in losing the time necessary to obtain and administer ether. I therefore went to work at once with a pair of small bone forceps, in spite of the pain my efforts gave, and finally succeeded in cutting and removing the ring. All suffering ceased as soon as the womb was replaced, and I had the satisfaction of seeing my patient recover without a bad symptom, after a few days of rest in bed. I subsequently introduced a large Gemrig pessary, which kept the uterus in good position, and have heard of no further trouble from the proctidencia.

Examined after all swelling and tenderness had subsided, the uterine walls were found to be hard and gristly from fibrous change in the muscular tissue, and the size of the mass that protruded when the patient assumed the erect position seemed to preclude the possibility of such an accident. The mechanism of the process and the source of the power which drove so large a body through so small a ring with sufficient

force to bend the stiff metal support, are to me unsolved problems.

The facts above related point out a danger in the use of these clumsy and untidy instruments, which is, I believe, usually overlooked by their advocates. There are also other and serious objections to them which merit consideration. A pessary of this sort is a source of constant annoyance to the wearer. The perineal band must be removed whenever the bowels are evacuated, and is difficult to keep clean. If the support is anterior, it interferes with micturition and necessitates great care to prevent the urine from soiling the person and clothing. Leather or canvas belts become offensive in warm weather, and add to the bulk of a woman's apparel, confining and pressing upon the abdomen. The unyielding character of the support exposes the vagina to injury, and severe and painful ulceration often results. For the same reason, it is likely to cause leucorrhœa and to become corroded and roughened by the irritating discharge it provokes. It is moreover expensive, and requires frequent repair because of its complicated nature.

Although these supporters are in common use, especially in the rural districts, there are but few cases in which they are indispensable. When the displacement is due to a ruptured perineum or subinvolution of the uterus following a bad laceration of the cervix, or both, the integrity of the mutilated structures should be restored by operative means, unless this is contraindicated by the age or ill health of the patient. The danger of malignant disease makes the closing of a cervical tear still more imperative. When surgical measures are out of the question, many sufferers may be made comfortable by the use of a Gemrig, or a large Hodge pessary, or an ordinary ring of sufficient size to distend the vagina and prevent it from turning inside out.

The use of a pessary retained in position by external appliances is only justifiable in cases in which all other methods have failed to relieve; and, when once inserted, it requires careful watching lest it injure the parts and cause far greater discomfort than the displacement it is intended to prevent. In such a contingency, the uterus should rest upon a cup, perforated to allow the escape of its secretion, and under no circumstances should a small ring be firmly held against a womb deprived of ligamentous and perineal support. I believe the time is not very far distant when this unwieldy and disgusting instrument will share the fate of the Fer-

guson speculum and the intra-uterine syringe.

1030 Green street.

THE COLD WATER TREATMENT OF TYPHOID FEVER, ACCORDING TO THE METHOD OF BRAND.

BY SOLOMON SOLIS-COHEN, M. D.,
Of Philadelphia.

The treatment of typhoid fever is a subject of perennial interest, nor can a more important one engage the attention of practicing physicians. No apology is necessary therefore for the presentation, though at this time without comment, of the views of Dr. E. Brand, of Stettin, who in 1861 recalled attention to the value of cold bathing as an antipyretic measure, and especially to the great reduction in the mortality of typhoid fever, effected by the systematic use of cold water; from which fact this plan of treatment in typhoid fever is known as the "Brand" method. For more than twenty-five years, the author has labored to secure the general adoption of his treatment, and while he has seen it followed by some of his colleagues, by others it has been modified or improperly employed; and he therefore naturally resents the condemnation passed upon the method by those who have ineffectually, because incorrectly, applied it. In a very long and controversial article in recent numbers of the *Deutsche Medizinische Wochenschrift* (Nos. 1 to 11, 1887,) Brand brings forward, among other arguments, a very striking series of statistics, some of which are here reproduced.

In the Garrison Hospital at Munich* during the last forty years, 8,325 cases of typhoid fever have been treated, with 1,486 deaths. These may be divided into two periods: 1841 to 1868, 5,484 cases treated without water, 1,138 deaths, or 20.7 per cent.; 1868 to 1881, 2,481 cases, treated with water, 348 deaths, or 12.2 per cent.; difference in favor of the water treatment, 8.5 per cent.

"Water treatment" in these statistics, however, means that here and there cases were subjected to systematic bathing, but in most instances, merely a "combined treatment" with quinine, sodium salicylate, and occasional baths, was instituted.

The difference between *systematic cold bathing* (the Brand method or veritable

"water-treatment") and the occasional employment of the cold bath, (as, for instance, in the *antipyretic* or Liebermeister method; or the employment of the *graduated bath*, as in the method of Ziemssen) is strenuously and repeatedly insisted upon. The difference between the new and old Liebermeister methods on the one hand, and the Brand method on the other, are thus tabulated:

BRAND OR WATER TREATMENT.	LIEBERMEISTER OR ANTI-PYRETIC TREATMENT.
1. Severe cases of typhoid are in all respects converted into mild ones, and mild cases into milder.	1. Change into an afibrile typhoid; i. e., one which runs its course without increase of temperature, without regard to disturbances of function.
2. This happens: a. By prevention of any rise of temperature, and the gradual establishment of a temperature at or near the normal. b. By averting functional disturbances of the organs. c. By restriction and suppression of the morbid process. d. By prevention of complications.	2. This happens: a. By reduction of excessively high temperature. b. By conversion of the continued or sub-continued fever into a remittent.
3. Every third hour a bath at 15° R. (59° F.) for fifteen minutes, as long as the temperature exceeds 99° C. (102.2° F.), cold affusions and compresses and good nourishment.	3. Formerly: Baths when body heat equals 40° C. (104° F.). Every other evening an antipyretic drug. At Present: An antipyretic every evening and baths through the night sufficiently often to keep the temperature nearly normal. During the day nothing, or at least only when there is great excess of temperature, in which case the cold bath.
4. The treatment is directed against the morbid process <i>in toto</i> .	4. Here only against one symptom—elevation of temperature.
5. The bath is employed exclusively.	5. Baths and antipyretic drugs.
6. Mortality: When the treatment is begun in time and properly carried out, 0 per cent. In family practice, 1 per cent. In (general) private practice, 3 to 4 per cent. In military hospitals, 4 per cent. In general hospitals, 5 per cent. Without material variation.	6. Mortality: Formerly: Average 7 to 8 per cent., varying from 0 to 23 per cent. At Present: 10 to 18 per cent., with considerable variations.
The author adds: "One sees that the two methods have nothing in common but the bath; in all other respects they differ as much as a painting by Rafael and a modern chromo-lithograph." His object in thus insisting and re-insisting upon the difference between <i>hydrotherapy</i> , or the exclusive use of cold baths and <i>antipyresis</i> , or the employment of cold baths as an adjunct to other measures directed against high temperature only, is both to prevent the mortality of the latter method from being advanced in argument, and to emphasize the fact that system-	

stic cold bathing does more than reduce fever; for if that alone were the object, some would argue that we need not take all this trouble, but content ourselves with antipyretic medication.

This argument is borne out by a further comparison of the statistics of the Garrison Hospital at Munich, already cited. The use of cold water was said to have been introduced in 1868, and we have seen that the mortality lessened. It was not until 1875, however, that the method of Brand was employed; and then at only one of the two stations, the Liebermeister method being continued at the other. Thus as the hygienic conditions and the material are exactly similar, and in one case the Brand treatment, in the other the Liebermeister treatment was adopted, we have a perfectly fair basis of comparison.

Vogl (l. c., p. 483,) writes: "With the Liebermeister method, the mortality reached a height of from 10.8 per cent. to 18.8 per cent. In many (more than half) of the years of the preceding period (1841-1868), even with expectant treatment, this was not exceeded. The mean mortality with this method was 7.6 per cent. The Brand method, with a general average mortality of 2.7 per cent., did not once exceed 4.7 per cent., even in years when epidemics prevailed; a result which was not paralleled in a single year of the whole period from 1841 to 1868."

A table of the number of cases treated by each of these methods during each of the years from 1875 to 1882, with the results, is given. We separate the statistics as follows:

LIBERMEISTER METHOD.				BRAND METHOD.			
Years	Cases	Deaths	Mortality	Years	Cases	Deaths	Mortality
1875-6	76	12	15.8	1875-6	66	3	4.5
1876-7	194	18	6.8	1876-7	141	5	3.5
1877-8	77	3	3.8	1877-8	56	0	0.0
1878-9	{ 115 { 14 { 6.1			1878-9			
both stations	92 { 14 { 15.2						
1879-80	110	12	10.8	1879-80	98	3	3.9
1880-81	16	3	18.8	1880-81	25	1	4.0
1881-82	22	2	9.1	1881-82	42	2	4.7
	702	66	9.4		428	14	3.3

The comparative statistics as to complications are suggestive. Thus, in 767 cases treated by the "combined method," were noted 783 instances of complications, or 102.0 per cent.; while in 221 cases treated by systematic cold bathing, but 145 instances of complications were noted, or 65.2 per cent. With the Brand method, pleuritis occurred in one case, against 16 with the Liebermeister method; delirium in 6, against 93; in-

voluntary evacuations in 1, against 18; bloody stools in 2, against 21; and pneumonia, affections of hearing, vomiting, somnolence, muscular tremors, convulsions, suppression of urine, and cystitis, peritonitis and perforation, not at all.

To the consideration of those who would "like to use the bath without wetting the patient," and of those who assert that cold baths are disagreeable to the patient, and that they depress the heart's action, and thus invite danger of collapse, the author commends the following citation from Vogl: "As regards the retardation of the heart's action, under the influence of the cold water treatment, I can fearlessly affirm, as the constant result of our numerous observations, that the evening pulse-rate during the fever heat averages 96 per minute, the highest on admission-day, or in cases ending fatally, 100 and more. Very frequently, however, even in association with a symptomatology otherwise more intense, it has been less than 92, and we have noted throughout the absence of the dirotic condition. It has been especially noteworthy that only in an exceptionally mild form have we seen any of those symptoms which otherwise play so important a part in the results of lowered cardiac vigor. Even in the most severe cases we have never observed cyanosis, very seldom a pronounced hypostasis, never hemorrhagic tendency, seldom venous thrombosis, never oliguria, in very few cases albuminuria. What, however, must be emphatically stated, is that in all the thousands of baths we have administered, neither before, during, nor after the procedure has collapse been observed in a single instance." Vogl further remarks that the convalescence is speedier, and occurrence of unfortunate sequelae less frequent, in cases treated after the method of Brand; as is evidenced by the records of soldiers furloughed or discharged as unfit for service, and by the pension rolls.

The statistics of the Royal Prussian Army and the 13th (Royal Würtemburg) Army Corps show a progressive reduction of mortality from enteric fever, coincident with the introduction and spread of the cold-water treatment. Thus from 1820 to 1844, the average mortality was 25.8 per cent.; from 1868 to 1874 (excluding war times) 15 per cent. In 1874 Brand's treatment began to be employed.

In 1874 there were treated 2735 cases with 329 deaths — 12 %
 " 1875 " " 3620 " " 408 " — 10.9 %
 " 1876 " " 2747 " " 298 " — 10.8 %
 " 1877 " " 2081 " " 206 " — 9.8 %
 " 1878 " " 2112 " " 190 " — 8.9 %
 " 1879 " " 1741 " " 163 " — 9.4 %
 " 1880 " " 2334 " " 226 " — 8.9 %

Comparing this with military statistics of neighboring nations during the same period, we learn that in the Italian army from 1874 to 1878, the mortality ranged from 28 to 36.8 per cent.; in the Austrian army, from 1873 to 1878, it averaged 26.8 per cent., and in the French army from 1875 to 1880, 36.5 per cent.

In the Garrison Hospital at Stralsund,* from 1877 to April 1, 1882, Dr. Büttner treated 257 cases of typhoid fever according to Brand's method, with but one death; that of a patient admitted on the fourteenth day of the disease. From 1873 to 1877, under the same physician, the mortality with Ziemsen's treatment, had averaged 10 per cent.

Jürgensen was one of the first to adopt Brand's treatment, and indeed simplified it. It is to Jürgensen's scientific report of his experience in Bartel's clinic at Kiel,† that the more general resort to hydrotherapy in typhoid is to be ascribed. His later statistics from the Tübingen Polyclinic are reported by Betz (Stuttgart, 1885, Inaugural Dissertation) as 220 cases with 4 deaths or 1.8 per cent. Of the fatal cases 2 had not been subjected to the bath, and 1 was treated with occasional baths and antipyretic drugs.

In 1877, in the second edition of his monograph, Brand was able to cite from all sources 8,141 cases treated "with water" in one or another fashion, with 600 deaths, or 7.4 per cent. He now cites in addition enough to make a total of 19,017 cases with 1,489 deaths, or 7.8 per cent. It would be an easy matter to increase this table, he says, by adding the statistics of Liebermeister, v. Ziemsen, and others, who make frequent use of the bath in the treatment of typhoid; but it is unnecessary to do so; for "whoever is not convinced by 19,000 cases will not be convinced by 29,000." "In these 19,017 cases are included all forms of the disease, all primary and secondary complications, all ages, both sexes, epidemic and sporadic, mild and severe cases, hospital and private, military and civil practice, time of war and time of peace—everything, indeed is abundantly represented which can influence the type or the course of the disease. It is a very complete series of statistics, and if, as might easily have been the case, all observers had like Vogl, Tripier and Bouveret, and others, strictly observed Brand's directions, the statistics and the results would have been beyond attack.

* Paul Helm: Die Behandlung des Typhus abdominalis in Garnisonlazareth zu Stralsund und deren Resultate. Grießwald, 1881.

† Klinische Studien über die Behandlung des Abdominaltyphus mittelst des kalten Wassers. Leipzig, 1866.

This, however, is not the case. One has used Liebermeister's old or new method, another Ziemsen's method, others again Jürgensen's and Brand's; for the most part, however, each his own method, one for every clinician. All these methods, however, have in common the use of the bath, and in so far can have weight as cases 'treated with water.' The result can be looked upon as a composite one, proving at least that when cold water applications are used in the treatment of typhoid fever, the mortality is lowered; in this great number of cases reaching about half, or indeed only a third of the average mortality of the expectant treatment—about 8 per cent. on the one hand against 15 to 20 per cent. on the other.

Partly from his monograph, partly from new sources, the author is able, however, to collate the very respectable number of 5,573 cases treated systematically by the Brand method, with a mortality of 234, only 3.9 per cent. The lowest percentage in this list is 0 (20 cases reported by Weidner, 66 by Opitz, 21 by Heyfelder, 64 by Rondet and Grabinsky: 171 cases with no deaths); the highest is 8.5 (Tripier and Bouveret, 233 cases, 20 deaths). Thus the average mortality of the systematic cold water treatment is about 4 per cent.; against 8 per cent. as the best showing of the antipyretic method, and 16 to 20 per cent. as the varying mortality of the expectant method. Even with this, however, Brand professes himself dissatisfied. He confidently looks to a greater lowering of the death-rate; citing the experience of Tripier and Bouveret, who have in the table a mortality of 8.5 per cent., due to the fact that at the first, in the Hôpital de la Croix, only the worst cases were treated on this plan, nor were the details strictly followed. As reported by Teissier, in a recent number of the *Lyon Médical* (No. 32), the mortality has since been reduced to 5 per cent. (7 deaths in 139 cases). Brand contends that a mortality still less than 5 per cent. may be secured "at Lyons and in hospitals elsewhere," when the number of conditions considered to be contraindications are reduced, and the treatment of complicated and "degenerate" cases is conducted more in accordance with his directions. Thus at Lyons they disdain to treat relapses with cold water. This is taking a risk, and may result in the death of the patient.

The statistics of the second army corps are of interest. The mortality since 1882 has averaged, under the Brand treatment, 4.3 per cent. During the same period in the whole German army, it has averaged 8.3 per

cent., in the French army 32.2 per cent., in the Italian army 28 to 36.8 per cent., in the Austrian army, 27.4 per cent., in the English army 23.8 per cent. The author shows that this great difference is not due either to the less severe nature of the disease, or to mistaken diagnosis. But even 4.3 per cent. he considers too high, and eliminating the year 1883-4, with a record of 429 cases, and 28 deaths or 6.53 per cent.—a result due to other causes than those inherent in the treatment—an average of 3.5 per cent. is exhibited (1057 cases, 37 deaths).

Finally Brand lays down the doctrine, that as, with any treatment or no treatment, a large number of cases will recover—in order to avoid the *post hoc, propter hoc* fallacy and to justify the name of *specific* as applied to any method of treatment, *no case should die in which the treatment has been instituted in time and properly carried out*. This merit he claims for his method of treating typhoid fever: "The reestablishment of a mild course in every individual case of typhoid fever, is the object of the systematic water treatment, and the non-occurrence of a single death, the proof that it fulfills its purpose."

Hospital statistics are deceptive from the fact that for the most part patients are admitted late in the disease; and so with various other classes of statistics, each has greater or less sources of error. The statistics of family practice, and of certain military hospitals are considered free from fallacy.

Collating the statistics of the most reliable character the following table is given:

1. Jürgensen (Tübingen),	217 cases,	1 death.
2. Vogl (Munich),	221 "	6 deaths.
3. Military Hospital, Stralsund, 1877-1882	257 "	1 death.
4. Military Hospital, Stettin, 1877-1882	186 "	3 deaths.
5. Brand (family practice),	342 "	1 death.
	1223 "	12 deaths—1.0%

It is to be noted that of Jürgensen's statistics three deaths have been rejected because the cases were treated expectantly.

Brand's own 342 cases were treated in one town in the course of thirty years. Of the cause of death in the twelve fatal cases in the table the following is stated:

- a. Jürgensen. 1. Treatment instituted on ninth day. Death from perforation and peritonitis.
- b. Vogl. 2. Instituted on eighth day, Death from fever.
- c. Stralsund. 3. Instituted sixth day. Death from phlegmonous glossitis.
- d. Stettin. 4. Instituted in second week. Heart failure.
- e. Brand. 5. Day unknown. Hemorrhagic diathesis.
- f. Stralsund. 6. Instituted second week. Heart failure.
- g. Brand. 7. Day not given. Temperature 41° C., probably quite late. Laryngeal complication and pulmonary edema.
- h. Brand. 8. Fourteenth day. Intestinal hemorrhage; diphtheria; petechiae, bilateral hypostasis.

- i. Stettin. 9. Fourteenth day. Pneumonia and intestinal hemorrhage.
- j. Stettin. 10. Sixth day. Treatment not carried out on account of articular inflammation.
- k. Stettin. 11. Sixth day. Retro-pharyngeal abscess.
- l. Brand. 12. Fifth day. Death during relapse from unknown cause.

Of the twelve cases, therefore, Nos. 10 and 12 should be excluded; the other ten died from complication or fever.

These statistics certainly challenge attention. There is much else in Dr. Brand's article worthy of study, but the object of the present paper is simply to lay before American practitioners without comment the results claimed for the hydro-therapeutic treatment of typhoid fever, deferring discussion of its indications, its methods, and its philosophy.

219 S. 17th St.

DIPHTHERITIC CONJUNCTIVITIS.

BY L. WEBSTER FOX, M. D.,
Of Philadelphia.

All ophthalmic surgeons agree that diphtheritic conjunctivitis is one of the most serious affections of the eye. It is fortunately an extremely rare disease, and its cause, according to one of the most distinguished teachers of ophthalmology, M. Galeowski, has not been thoroughly studied. Often, in fact, its origin cannot be found. In the interesting case reported by Dr. Charnier in *Récueil d'Ophthalmologie* for January, 1887, the origin of the disease was an attack of croup. Several cases which came under observation by the writer were of croupous origin.

Miss M., age 25, presented herself to Dr. Martin, with the following history: She had been sick two days, but the ravages of the disease were already striking. The right cornea was perforated, with prolapse of iris; the hard, rigid, and absolutely bloodless eyelids were the seat of deep infiltration; the surface was smooth and yellowish, with the characteristic lardaceous appearance. The upper lid could be inverted with great difficulty, causing intense pain. The day following there was perforation of the left cornea. The course of the disease was checked by powerful antiseptic treatment: iodoform and sublimate lotions, and the use of warm compresses for the reabsorption of the fibrinous exudations. The eyelids softened, the cornea became clearer, and at the end of ten days the patient returned home, not cured, but out of danger as to the total loss of vision. At a short interval leucomata of the cornea, with anterior synechiae, were noticed. Two intractable ulcers, 3 to 4 mm. in diameter, re-

mained on each cornea for three months. The anterior synechiae in the right eye were broken down by frequent instillations of atropia, and the leucoma is slowly disappearing under the use of the iodide of sodium and the yellow oxide of mercury applied alternately. In the left eye the adherence of the iris resisted the action of the atropia, and it will be necessary to resort to an iridectomy in order to re-establish vision.

The conclusion arrived at is, that if the diphtheritic conjunctivitis is an extremely grave affection, we can, by applying powerful antiseptics, if not prevent, at least lessen those grave accidents pointed out by the author.

1304 Walnut St.

NEW INSTRUMENTS.

A SEMI-NATURAL OR DIGITAL (VOLSELLA) FORCEPS.

BY H. V. SWERINGEN, A. M., M. D.,
Fort Wayne, Indiana.

The practitioner, who has had much to do in the specialty of gynecology, has not only appreciated the great service rendered him by his own fingers properly manipulated, but has ever and anon desired that he could do just a little more with them, or that he could upon certain occasions be invested with a third hand.

It is wonderful to what a state of perfection the sense of digital touch alone can be educated, in the various vaginal and uterine manipulations. Take for example, the introduction of tents into the cervix. In addition to the inconvenience of the necessity of an assistant to retract the perineum with Sims' speculum, there exists the difficulty in fixing the os uteri in a manner sufficiently immovable to resist the force necessary for their introduction, the entire womb invariably being pushed up by the tent without entering the cervix to any great extent. It is true that we have the volSELLA forceps, by which through the speculum—and by the way, the blades or bill of our specula are too long for this purpose—and the aid of sight, we can seize either lip of the cervix and hold it more or less firmly until we can more or less perfectly introduce the tent, necessitating the traction of the entire uterus almost if not quite to the vulva. In not a few instances the cervix has thus been torn and lacerated considerably, offering numer-

ous puncta or sites for the ingress of septic germs.

I now offer to the profession a very simple remedy for these obstacles and inconveniences, which I do not remember even to have seen even suggested, much less put in practice. I have no patent upon it, nor have I applied for one, nor do I expect to apply. I give it for what it is worth, hoping that it may be found of value for the purpose for which it is intended, viz., the introduction and removal of tents, etc., etc.

It consists simply in two rings, bands, or thimbles, armed with teeth similar to those of the volSELLA forceps, which are slipped over the ends of the index and middle finger of the left hand and properly secured or fastened by tape or rubber bands around the wrist, the teeth in each being approximated relatively to each other so as to form simply a pair of forceps, the fingers themselves constituting the handles thereof. It will be seen at a glance how great is the advantage of this simple contrivance under certain circumstances — how firmly the cervix can be held at less risk of laceration than by the old method, how readily we can detect any deviation of the course of the canal, how little traction is necessary, and how independent of assistant and speculum we can be in the introduction of tents, relying entirely upon the sense of touch. The work can often be done with but a single thimble thus armed, the remaining three fingers being free to steady the parts or exercise the function of touch, so important in all procedures of this character.

The value of this contrivance, so readily carried in the pocket, in cases of abortion, in which the membranes or some part of the fetus is presenting at the os externum, but insufficient for an ordinary finger grasp, is also apparent.

SOCIETY REPORTS.

MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

REPORTED BY E. P. HURD, M. D.

The one hundred and sixth annual meeting of the Massachusetts Medical Society was held in Huntington Hall, Boston, Tuesday and Wednesday, June 7th and 8th, 1887.

Tuesday, p. m., papers were read as follows:

"Tumors of the Bladder," by George W. Davis, M. D., of Holyoke.

"Cases of Burns, with Special Reference to Complications, Sequelæ and Treatment," by James E. Cleaves, M. D., of Medford.

"Laparotomy for Pus in the Abdominal Cavity, and for Peritonitis," by John C. Irish, M. D., of Lowell.

"Fracture of the Spine: Its Immediate Treatment by Rectification of the Deformity and Fixation by Plaster-of-Paris Jacket," by Herbert L. Burrell, M. D., of Boston.

"Observations on the Puerperal Pelvic Ligaments," by Stephen W. Driver, M. D., of Cambridge.

"The Relation of Tea Drinking to Disorders of the Nervous System," by William N. Bullard, M. D., of Boston.

"Pulmonary Tuberculosis as a Sequel to Ordinary Pleurisy with Effusion," by Herman F. Vickery, M. D., of Boston.

"The Surgical Treatment of Chronic Emphysemas," by Maurice H. Richardson, M. D., of Boston.

The paper of Dr. Irish, on Laparotomy, was of special interest in showing, by carefully compiled statistics, the fair proportion of recoveries by abdominal section in circumscribed or diffuse peritoneal inflammations. Laparotomy, followed by drainage, has given especially good results in peritoneal abscesses from whatever cause. The operation should be performed early, and an incision should be made over the most prominent part of the abscess, then a drainage tube inserted. In acute general peritonitis, according to Dr. Irish, one-half of the cases might be saved by laparotomy. The results thus far have been 8 recoveries and 3 deaths. Even in tuberculous peritonitis, the surgical treatment has given some brilliant results. In peritonitis due to abortion, the operation would hardly be feasible, as in these cases there is always general blood poisoning.

Dr. John Homans, of Boston, in reviewing the foregoing paper, generalized peritoneal abscesses as due in the immense majority of cases either to external violence, or to communication of the suppurating region with some mucous cavity. These abscesses are often connected with the appendix vermiciformis (typhlo-enteritis); sometimes they seem to be occasioned by a fall. In a case occurring in his practice, he cut down on the induration and found a circumscribed abscess among the folds of the intestines; he evacuated a large quantity of pus, put in a drainage-tube, and the patient made a good recovery. In short, the treatment of peritoneal abscesses is the treatment of abscesses everywhere.

Dr. Elliot, of Boston, believed in laparot-

omy even for tuberculous peritonitis, and reported a case where marked benefit followed abdominal section and the removal of tuberculous growths.

Dr. Barret's paper was a plea for an early attempt at the rectification of special deformities by suspension and careful manipulations, with fixation by a plaster-of-Paris jacket. Out of sixteen cases treated in the Massachusetts General Hospital, ten were cured by plaster-of-Paris treatment, three died, and three were in no way benefited.

Tuesday evening, June 7th, there was an interesting gathering at the Mass. Institute of Technology of the Suffolk branch of the Mass. Med. Society, Section for Clinical Medicine, Pathology and Hygiene, at which meeting papers were read by the following gentlemen:

"Cascara Sagrada, and its Use in the Treatment of Constipation," by Dr. J. W. Farlow.

"The Measurement of the Galvanic Current, with Some Remarks upon Electrodes," by Dr. P. C. Knapp.

"A Case of Agoraphobia," by Dr. Albert N. Blodgett.

Dr. F. W. Page exhibited a gall stone successfully expelled after impaction of eighteen months.

Wednesday morning at 9 o'clock, the Society met in Huntington Hall, when the following highly practical papers were read:

"A Contribution to the Study of the Etiology of the Summer Diarrhoea of Infants," by Henry C. Haven, M. D., of Boston.

"Sepsis and Antiseptic in Summer Diarrhoea," by S. Allen Potter, M. D., of Roxbury.

"Training Nurses," by Alfred Worcester, M. D., of Waltham.

"The Value of Public Health Measures to the State," by Samuel W. Abbott, M. D., of Wakefield.

The venerable Dr. H. I. Bowditch, in an enthusiastic impromptu address, condemned an almost universal practice of the modern instructor. He referred to the matter of the so-called higher education of the mind at the expense of a healthy physical body. He pronounced it to be the simplest nonsense to proceed in this way, and won hearty applause from those present by his scathing rebukes of that portion of our present system of school education.

At the close of the reading of the papers, the names of officers elect for the ensuing year were announced: President, Thomas H. Gage, Worcester; Vice-President, William G. Breck, Springfield; Treasurer, Frank

W. Draper, Boston; Corresponding Secretary, Charles W. Swan, Boston; Recording Secretary, Francis W. Goss, Roxbury; Librarian, Edwin H. Brigham, Boston; Orator, B. J. Jeffries, Boston; Annual Chairman, C. B. Porter, Boston.

The delegates were next introduced, and, after an intermission of fifteen minutes, the annual discourse was delivered by Dr. George J. Townsend, of South Natick. His subject was: "The Massachusetts Medical Society, its Relations to Medical Progress, and to the Community in which we Practice."

It was a ramble over a wide field, with reminders of how little was once known, and how much is now known, and how much still remains unknown.

In reviewing the past history of the Massachusetts Medical Society, the speaker said: "There is hardly a general charity in the State that does not number among its workers one or more Fellows of our Society. The strictly medical charities are largely administered by them. Our dispensaries are officiated by our younger Fellows, who, fresh from their student work, devote themselves with a zeal which often imperils health, and even life, in the treatment of the squalid poor. What is their compensation? A stipend that would not pay their office rent. * * *

"The staff of our hospitals is composed of men who have already acquired a position for themselves in the community, many of them known to fame. Pay they have none, in the ordinary sense of the word. * * * Our teachers labor earnestly and faithfully in our schools that they may fit others to succeed them in a work they do so well themselves. Their reward is a pittance that a first-class book-keeper would scorn. * * *

"In what sense are we *regulars*? This is an unfortunate term, its converse occurring in our by-laws as conveying to the minds of the community the idea that the Massachusetts Medical Society enjoins upon its Fellows a definite course or system of pathology and practice, deviation from which constitutes irregularity—than which nothing can be more erroneous. The term in its application is rather negative than positive. We are regular, just so far as we conform to our by-laws, to which we have all given our written assent; and we are irregular when we violate those by-laws, and are guilty of practices forbidden to Fellows. These practices are, in brief, the professing to cure diseases by any exclusive system of medicine, the advertising or offering for sale of secret medicines, and the pretending to cure dis-

cases by such secret medicines, or by any secret treatment. * * * *

"We belong to no school whatever—certainly, in view of the developments in medicine within the last half century, not to the "old school." As to *allopathy*, what the term may mean I am sure that I do not know; but if, as defined by Dunglison, it means 'a method of curing diseases by remedies, the action of which in healthy men produces morbid phenomena, different from those that we observe in the sick person,' very few of the Fellows of our Society would attempt such a feat as that described."

The speaker alluded to the good work which had been done in the past by the Jacksons, the Bigelows, the Haywards, the Warrens, the Williamses, the Wymans, and others of the Massachusetts Medical Society, in medicine, in surgery, in obstetrics, in ophthalmology, and other departments. The first operation ever done under an anæsthetic was performed by a senior surgeon of the Massachusetts Medical Society; rapid lithotomy was originated and perfected by a member of this Society; the modern treatment of iritis and ophthalmia neonatorum was first established by our senior ophthalmologist. In dermatology, our specialists have also done valuable work.

The annual dinner was held in Winslow's Rink, Clarendon street, where were arranged over a score of tables covered with inviting delicacies; on a platform in front of the rink were tables for the invited guests and officers of the Society. After-dinner speeches were made by President Gage, Governor Ames, Hon. George M. Stearns, Rev. Brooke Herford, Dr. John P. Reynolds, Colonel T. W. Higginsson, Hon. Roger Wolcott, and Harvey N. Shepard.

THE MEDICAL SOCIETY OF NEW JERSEY.

The one hundred and twenty-first meeting was held at Beach Haven on June 14 and 15, 1887.

First Day.

The Society met at the Baldwin House, and was called to order by President Chas. J. Kipp at 4 o'clock p. m.

After prayer by the Right Rev. Bishop Scarborough, the President thanked the Society for the honor conferred upon him, and called upon the committee of arrangements for their report, which was made in an address of welcome by Dr. T. T. Price, in which was mentioned the fact that the Soci-

June 25, 1887.]

Society Reports.

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ety would be entertained at a complimentary banquet by Mr. Parry, of Philadelphia.

After reading of the minutes, the following gentlemen were invited to sit with the Society as corresponding members: Dr. John B. Roberts, Frank Fisher, Carl Seiler, Samuel Ashhurst, Prof. Leidy, Bishop Scarborough, Drs. Wood and Grant.

The Committee on Business reported the following questions for discussion at the next meeting:

1. What treatment is most effective in acute rheumatism?
2. The relation of laundry and wash water to the spread of disease.
3. The treatment of phthisis by gaseous enemas.

This committee further reported a communication from the New Jersey Pharmaceutical Association, with a tender of mutual courtesies, and an invitation to attend by delegate their next annual session, to be held at Morristown, May 19, 1888.

The Committee on Fellows' Prize Essay reported as follows:

"One essay has been presented on the subject of 'Climatology and Diseases of Essex County.' While it shows no particularly original researches, a large amount of painstaking labor has been given to it. The statistics given and the deductions drawn from them are of great interest, and if such a paper could be prepared for every county in the state, the facts thus prepared would be of lasting value. The committee would recommend that the sum of one hundred dollars be given to the writer signing himself 'Hopeful.'"

The writer was Dr. J. W. Stickler, of Essex.

Dr. H. R. Baldwin presented the report on nominations for honorary membership, recommending the names of Drs. D. Hayes Agnew and Joseph Leidy. These gentlemen were elected honorary members and introduced to the Society.

Evening Session, 8 P. M.

After the introduction of delegates from other State Societies, the President read the annual address. The subject was "The Treatment of Purulent Inflammation of the Middle Ear and its Consequences."

For the pain of acute inflammations, he recommended rest in bed and puncturing the membrane, not only to relieve pain, but to prevent destruction of the membrane and caries of the ossicles and the petrous portion of the temporal.

The incision should be made with a broad

lance-shaped needle, or a narrow sharp-pointed knife. At either the most prominent point or lower posterior quadrant, the incision should be oblique. Later, syringing should be used with care either alone or combined with inflation, thorough cleansing being most important.

He would also treat the concurrent disease of the naso-pharynx, using weak sprays of ammonium chloride, and external applications of ice—together with these measures cocaine may be used in 4 to 10 per cent. solution. In making this application it is necessary to thoroughly cleanse the canal, even to inflate the tympanic cavity so as to draw in some of the solution.

Occasionally he has to reopen the perforation, or make a new one at the most dependent point.

When pain is due to furuncles, or diffuse inflammation of the canal, he would use leeches, morphine, and nitrate of silver. Periostitis of the mastoid he treats with leeches, iodine, and incision. In chronic purulent inflammation he considers astringents harmful, as long as there is any pain; but after pain has all subsided he uses the usual astringents, insuring their entrance into the middle ear by inflation when the canal is full of solution, or by repeatedly pressing on the tragus.

In the management of intra-cranial disease and pyæmia, he has used the usual remedies, with a few recoveries. He fully believes in the future of the surgical treatment of cerebral abscess.

He does not use the dry treatment of packing the canal with boracic acid, as he has seen many bad results of its use by others. Occasionally he has found washing out the tympanic cavity by means of the eustachian catheter the only remedy.

After the cure of the suppuration, where great impairment of hearing remains, he has had few good results from trying to close the perforation by freshening the edges or skin-grafting. He has found Toynbee's artificial drum membrane useful, although it often causes too much irritation. The cotton pellet, kept moist with glycerine, is very good.

For the cure of purulent inflammation of the mastoid cells he has invariably opened the outer shell of the process. He believes in early operation, even when no pus is found, as pain and other symptoms are relieved. He believes that the operation is indicated not only when there is pus in the cells with signs of cerebral irritation, but also in cavities of the petrous portion, or in

deep abscess in that neighborhood, or when there is violent persistent pain in the mastoid. In 25 operations he has not seen a fatal case where the death was due to the operation.

He uses the Schwartz method, with chisel and hammer.

Dr. Smith presented the report of the Standing Committee.

The regular discussion on the use of antipyrin was introduced by Dr. H. R. Baldwin, and discussed by Drs. Helfer, Godfrey, and Quimby.

Adjourned at 10 p. m.

Second Day, 10 o'clock A. M.

The Committee on Nominations made their report, and the following officers for the ensuing year were elected:

President—Dr. J. D. Ward.

1st Vice-President—Dr. A. J. Taylor.

2d Vice-President—Dr. B. A. Watson.

3d Vice-President—Dr. J. S. Green.

Corresponding Secretary—Dr. Wm. Elmer.

Recording Secretary—Dr. Wm. Pierson.

Treasurer—Dr. W. W. L. Philips.

Standing Committee—Drs. T. J. Smith, E. J. Marsh and D. C. English.

Committee on Arrangements—Drs. J. G. Ryerson, W. H. Reak, S. D. Miller, and B. H. Brokeley.

The next place of meeting to be at Lake Hopatcony, the time of meeting to be announced later.

- The following resolution was then passed:

"Resolved, That in view of the non-concurrence of other State Societies in the recommendations on the subject of preliminary education, it is not expedient that further action be taken by this Society in reference thereto."

Dr. B. A. Watson read an essay entitled, "Rational Medicine versus Empiricism," in which the errors and absurdities of the founder of homeopathy were turned over, analyzed, and held up to public view in all their barrenness. The doctor presented the principles of rational medicine, detailed its claims to recognition, and illustrated its results by the successes of modern surgery. He portrayed by quotation the faith in charlatanism that still exists in the world, and urged upon his hearers their adherence to the great principles of scientific medicine.

Dr. Ill, of Newark, was appointed essayist for the next meeting.

The following resolutions were passed:

"WHEREAS, While the laws of the State of New Jersey do not directly prohibit dissections of the human body, they yet do, by

various provisions regulating burials and the transportation of dead bodies into and through the State, practically prohibit such dissections; and,

"WHEREAS, Such anomaly often tends to retard the progress of medical science within the State, if not to a disregard of the existing laws; therefore,

"Resolved, That a committee be appointed to secure such modification of the state laws as may be necessary to permit and regulate the practice of dissections within the State."

"Resolved, That we receive the overtures of the New Jersey Pharmaceutical Association, and extend to them mutual courtesies, Dr. F. C. Barker being hereby appointed to represent us at their next annual meeting.

"Resolved, That the thanks of this Society be extended to Governor Robert S. Green, whose attendance here with his staff has added interest to our meeting.

"To the Right Reverend Bishop Scarborough, for his kind attendance and for the interest and pleasure he has contributed to our exercises.

"To the officials of the Pennsylvania and the Tuckertown R. R. for the courtesy extended to our members in reaching and returning from Beach Haven.

"To our genial host, Mr. Jos. Page, who during our brief stay has been so indefatigable in his attention to our comfort, and who has demonstrated his knowledge of human nature by securing our hearty goodwill through the medium of our stomachs.

"To Chas. T. Parry, Esq., of the Baldwin Locomotive Works, the owner of this admirable hostelry, who even while on the bed of suffering could think so much of our creature comfort as to provide for us the elegant banquet of last evening.

"To the Committee of Arrangements for the wise, judicious manner in which they have performed their labors.

"Resolved, That our thanks be extended to the members of the Beach Haven Yacht Club, officially and individually, who, without money and without price, tendered their services and their vessels for the baptism of such of our members as chose to avail themselves of the privilege of a sail on the beautiful bay."

Meeting adjourned.

—A Russian medical commission has recently been sent from St. Petersburg to investigate a disease called "Pendel's tumor," which has for several years attacked Russian soldiers near the Caspian Sea. It is believed to be caused by microbes.

EDITORIAL DEPARTMENT.

PERISCOPE.

Vicarious Menstruation Cured with Permanganate of Potash.

The unusual occurrence of this class of cases, together with the phenomenal success of the permanganate of potash in arresting the trouble, is a sufficient basis for a full report of the following case.

In March, 1887, I was sent for to see Miss S., a robust and healthy-looking girl of about eighteen years of age. I could see she was suffering more or less from dyspnoea, but the seizure resembled a fit more than true dyspnoea. I quickly raised her to the sitting posture, when suddenly a slight gush of blood came from her mouth, which relieved her present distressing symptoms. For some time afterwards she continued to spit blood, and had a hacking cough. A few sups of cold water relieved her very much.

About eleven months ago she was caught in the rain the eve before her catamenia. The temperature fell quite rapidly, and being some distance from her home she was severely chilled. The next evening came, and there was no sign of menstruation, and she had pain in her back and pelvis. A physician ordered hot hip-baths, and some pills, but not until the tenth day did any flow come. At the following periods she suffered in like manner. But not until the last five periods has she had the dyspnoea and spitting of blood.

At first I concluded that I had that "Protean female infirmity," hysteria, to deal with. The flow of blood, and the relief it afforded, altered my diagnosis, and I began to inquire into the family history for phthisis, but failed to find any trace of that trouble. It was not until repeated examinations were made that I was satisfied that her lungs were normal, and that this was a case of vicarious menstruation.

I ordered permanganate of potash in 2 gr. doses every 6 hours. When I saw her the next a. m.; three doses had been taken, but without any effect. As there was no gastric irritation, I ordered the same doses to be repeated, and an anodyne cough mixture to allay the distressing cough. I returned the next a. m., and her courses were all right, and she was entirely relieved of all her trouble. About five days before her next time to become unwell, I was sent for, and found her complain-

ing of headache and dizziness, and a slight increase in temperature. I prescribed the permanganate in 2 gr. doses three times a day for the next four days. I met her two weeks afterwards, when she told me that she had had a normal menstruation, and considered herself entirely well. I asked her to continue her medicine once more, and to let me know if anything went wrong. I have not heard from her, so I suppose she menstruated all right.

Here was a girl, healthy and robust in the intervals of menstruation, which would exclude any grave constitutional disease. She did not suffer from chlorosis, plethora, or anemia. There was no abnormal condition of the generative organs, because she had previously menstruated perfectly. But she suffered from an exposure, the effect of which was aggravated by the exchange of an outdoor country life for the sedentary life and vitiated atmosphere of a city.

It is with just such cases of amenorrhoea, the result of exposure or giving up country life, that the manganese salts have produced the most striking results.—*Dr. F. W. Samuels, in the Southwestern Med. Gazette, June, 1887.*

The Actual Cautery in Certain Chronic Neuroses.

Dr. T. J. Hutton, in the *Medical Register*, June 18th, 1887, reports the successful employment of the actual cautery in a number of troublesome conditions. He says his paper is a contribution to the literature of harsh treatment. Its object is to call attention to the value of the actual cautery in certain vicious nervous affections which do not yield readily, if at all, to ordinary remedies. The cases are few, but the results merit attention.

One of his patients, aged forty-five, had, within a brief period, suffered the loss of husband, children, and means. Under this profound shock she sat motionless and dazed, and was apparently drifting into imbecility or cerebral softening. The actual cautery was applied to the spine, four marks about the size of a ten-cent piece being made on both sides of the spine, an inch or two outside the spinous processes. The result was a speedy cure.

In the early and middle stages of self-abuse, before the mind becomes besotted and embruted, Dr. Hutton thinks the cautery

produces a profound impression on the entire nervous system, and aids in restoring the power of self-control. He obtained good results from the cautery in two such instances—in a boy, aged sixteen, who had been addicted to the habit several years, and in a young man, aged twenty-four, who had been a victim of the habit for nearly ten years.

In impotence he had also seen it do good. A man, aged forty-eight, who had practised self-abuse when a boy, became impotent. He had quit his home and family, and repeatedly threatened self-destruction. One application of the cautery, supplemented by galvanism, coca, and damiana, restored him to health and home.

Retention of Urine in a Fœtus with Open Urethra.

A case of this kind was described by Le-four, of Bordeaux, in the Paris Academy of Medicine, April 5, 1887. The head and chest was born, but something prevented the extraction of the lower part of the body. The child having died, and the nature of the distention being recognized, the thorax was opened and the bladder was punctured through the diaphragm. About sixteen hundred grammes of liquid escaped, and the birth was at once completed. The autopsy showed that, with one ureter ligated, air blown through the other into the bladder escaped through the urethra. Moreover, as the urethra was pervious to the catheter, there could be no doubt that it was normal. As the pelvis of the kidneys and the ureters were not distended in the least, it seemed conclusive that the discharge of urine in this fœtus took place only by mechanical overflow of the bladder, and not by muscular contraction of its wall. In view of the possibility of retention of urine when the urethra is pervious, it becomes the duty of the accoucheur, in case the delivery of a living fœtus is prevented by a distended bladder, to attempt the evacuation of the same by means of a capillary trocar.—*Deutsche Medizinal Zeitung*, May 16, 1887.

Effects of Pleuritic Effusion.

In Virchow's Archiv, Bd. CV. Heft 2, O. Rosenbach details the results of his experimental researches into the effects of pleuritic effusions upon the circulation and blood-pressure. The experiments were made upon rabbits and dogs, and consisted in injections of oil and the introduction of rubber air-bags in the thoracic space, and the results,

as given by the author are as follows: A limitation of the pleural cavity to a degree sometimes so great as nearly two-thirds of its capacity, produced no fall of the arterial pressure during an extended time of observation. If this effect does take place, it is because of the damming up of the venous flow to the heart. Under certain circumstances, the reduction of the thoracic space produces such a displacement of the heart and the vessels that the action of the diaphragm in inspiration brings about a complete turn on itself of the vena cava. This reduction of the pleural cavity, by producing venous stasis, brings on the phenomenon of engorged kidney, albumin and red corpuscles appearing in the urine. Under favorable conditions the limitation of pleural space may result in decided *pulsus paradoxus*. This is due to the action of the diaphragm, which, during inspiration, temporarily narrows or even obliterates the lumen of the vena cava inferior, whilst the reduction of the thoracic space furnishes the favoring mechanical conditions for the action of the diaphragm that results in the circulatory paradox alluded to.—*Centralblatt f. d. Med. Wiss.*, April 23, 1887.

Traumatic Displacement of the Penis.

Dr. Wagner, of Leipzig, has recently described, in the *Münchener med. Wochenschrift*, a remarkable case which he had seen in 1883 in Professor Thiersch's wards. A child, aged about 5, had his prepuce accidentally torn off. The penis retracted under the scrotal integuments, and it appears that the surgeon who first attended the case did not recognize this condition, probably believing that the penis had been torn away with the prepuce. For twelve years the patient continued to pass urine through a fistulous depression above the scrotum. Professor Thiersch then performed a plastic operation, having discovered the position of the penis. He cut down on the incarcerated organ, separated the adhesions, and adjusted the integuments around the glans. The result was perfectly satisfactory, and the penis was completely restored to its functions.—*British Med. Journal*, June 4, 1887.

—The German Association of Public Health will convene in Vienna September 26th to October 28th, to meet with the International Hygienic and Demographic Congress. The latter will meet in the University building. All governments are requested to send delegates.

June 25, 1887.]

Editorial.

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THE
Medical and Surgical Reporter.
A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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BERGEON'S METHOD OF TREATING PHthisis.

Although but a short time has elapsed since the medical profession began to use Bergeon's Method, it seems as if its merits can now be pretty fairly estimated. The sanguine hopes with which it was received—especially by the laity, to whom it was loudly heralded by the daily press—have already given place to disappointment, and a reaction is setting in, which may, in its turn, go too far.

Bergeon's method can no longer be expected to fulfil the hopes which it at first aroused; but it is not yet to be regarded as worthless. It may still be of service itself,

or it may lead to the discovery of some principle, the application of which will be more productive of good than itself has been.

Intelligent and interesting discussions of the results of Bergeon's method have recently taken place in this country, and the conclusion seems clear that much of the good which has undoubtedly been accomplished has been due to the hopes which the new method excited in the mind of the patient. In addition, Bergeon's method seems to have some power to check profuse catarrh of the bronchial tubes, and so to free the patient from part of the cause of cough. In some cases it also lessens the fever and the night-sweats.

How much these advantages may be due to the mental impression made upon the patient cannot, of course, be determined. But it is very significant that Dr. Forchheimer, of Cincinnati, has produced identical results in the same patients by using Bergeon's solutions, carbonic acid gas alone, or simple air alone. The patients were not informed of the changes which were made. Similar effects have also been obtained by the use of water charged with sulphuretted hydrogen, in the manner and by the apparatus suggested by Prof. H. C. Wood, in an article in the MEDICAL AND SURGICAL REPORTER, May 28, 1887.

Whatever method of administering sulphuretted hydrogen be used, it may be expected to relieve a certain proportion of patients with phthisis. Occasionally it may seem to set a patient fairly on the road to recovery. To many it will prove as useless as other remedies which have once been thought to be of great value. But it deserves further trial in order to determine its actual value, as well as the precise kind of cases to which it is applicable.

THE ALLEGED ANTAGONISM BETWEEN OPIUM AND BELLADONNA.

The opposite effects produced by opium and belladonna (or their mutual antagonism) have been made the subject of numerous experimental researches. In 1570, Prosper Alpin published some observations showing

that opium when associated with belladonna enfeebled the action of the latter. Still later were published the investigations of Giacomina, Graves, Corrigais, Cazin, and Andersop, the latter of whom in 1854 also affirmed, with great positiveness, the antagonism of opium and belladonna; then appeared the labors of B. Bell, Behier, Bernard, Blondeau, Dodenil, Camus, and C. Paul.

In France the antagonism between these two substances has been especially maintained by Behier, who has published several observations confirmatory of this view. In one, among several (1869), he insists on this point, that it takes a large dose of opium to antagonize a small dose of belladonna. Trousseau and Pidoux (*Therapeutics*) also affirm the antagonism, insisting that belladonna causes disappearance of the narcotism of opium, and that, conversely, opium removes the symptoms of belladonna poisoning; they maintain, moreover, that the economy remains indifferent to the action of a combination of the two drugs unless the doses be very large.

AMERICAN ORTHOPÆDIC ASSOCIATION.

First annual meeting, held at the New York Academy of Medicine, June 15 and 16, 1887.

First Day's Proceedings, June 18.

Dr. Virgil P. Gibney, of New York, was elected temporary chairman, and Dr. Louis Hall Sayre, of New York, temporary secretary.

Hypertrophy of the Lower Extremity—Amputation.

Dr. Packard, of Hartford, read the history of a case of enlargement and elongation of one lower extremity in a boy who was first brought to his office four years ago. There was a family history of phthisis. No evidence of syphilis in the parents or child. The affected leg was three-fourths of an inch longer than the other, and the hypertrophic condition seemed to involve all the tissues of the limb, and to a slight extent upon the body. There was no oedema of the skin. The motions of the limb were natural. Dr. Packard applied a rubber bandage, but at the end of the year there was not much improvement. The limb continued to develop in length and size, and at a recent date, when amputation was performed, it was three inches longer than the other limb, the thigh being two inches longer than its

fellow; the calf one and a half inches larger than its fellow. Lately the patient was seen in consultation by Dr. Gibney. Amputation of the affected member, taking off fourteen inches below the knee, was performed on account of the disparity in the length of the limb. The points of interest as distinguishing the case from those of elephantiasis seemed to be the length of the limb and the comparatively healthy condition of the skin.

Dr. H. L. Taylor said this case threw some light on one which he saw about two years ago, that of a Swedish girl, aged twenty, one of whose legs was enormously enlarged from the knee down to the ankle; the calf measured about eighteen inches, while the opposite one measured about thirteen inches. The thigh and corresponding part of the body were somewhat enlarged. The limb was an inch and a quarter or more longer than the unaffected member. The skin was not hypertrophied. During the two years she was under observation the leg became a little smaller. He sent her to Dr. Bull, who also confessed ignorance of the nature of the trouble.

Dr. Morton, of Philadelphia, had seen one case similar to that described by Dr. Packard, excepting that there was not so much increase in the length of the limb. He thought it would be well to cut off the nutrition of the limb, and with that object in view stretched the sciatic nerve. The limb grew pale, and diminished much in size. He had been led to adopt this procedure from experience in two cases of elephantiasis of the leg, in one of which he took out a piece of the sciatic nerve, and in the other simply divided it, with the result of diminution in size of the leg. He thought the stretching operation should be preferred, as it did not entirely destroy the function of the member.

Dr. Shaffer, of New York, had seen cases of increased length of an upper or lower extremity, and had been unable to account for the difference. Indeed, it was not easy to say whether the disparity in length of the two limbs was due to over-development in the one or lack of proper development in the other. It certainly would be desirable if some method could be found by which to overcome such atrophy or hypertrophy.

An Instrument for the Forceful Correction of Club-foot.

Dr. Morton, of Philadelphia, made some general remarks upon club-foot, and presented an instrument for the correction of the deformity by mechanical force. There were few cases of congenital club-foot which,

if seen very early, could not be corrected by manipulation without apparatus. But when the condition occurred in robust children from eight to fourteen years of age, we might have to resort to more severe methods. Even division of the tendon may not be sufficient. At any rate, it might involve the necessity for constant manual and instrumental effort to prevent recurrence of the deformity. Much more could be done in a much shorter time by an apparatus which he had employed a number of years, consisting of a block of wood for a foot rest, braces, leather girdles, and screws by which the foot could be forced into the desired position. In the adult, for instance, the tarsus was exceedingly unyielding, and it was almost impossible to bring it into position without an operation on the tarsus or cuboid. But since the introduction of perfected anti-septic methods, excision of the bones could be performed almost with immunity, and in adults this was the preferable method, as it enabled one to accomplish in a short time what other methods could do only after months. In certain cases, however, he had resorted to a second instrument, which he presented, by which great force could be exerted upon the tarsus by means of a screw, breaking the foot into position. The instrument admitted of bringing the foot into exaggerated correction, resolving an equino-varus into an equino-valgus. The operation being performed under ether, there was not the slightest danger; he had known no evil results. Photographs of illustrative cases of the excellent results from excision of the tarsus were shown. He would divide every tendon or band which interfered with the proper rectification of the foot. He would then place the foot into one or the other of the apparatuses shown, and force it at one sitting into position. Afterward he put the foot into a carefully-fitted tin splint.

Dr. Shaffer, of New York, said that many years ago he felt very much as Dr. Morton had expressed himself, regarding the inveterate character of certain cases of club-foot, but he was becoming more and more surprised every day of his experience at the adaptability of traction to the very class of cases described by the author. He did not mean to say that every case which came under his care was cured by traction, but the large majority of cases were so cured, quite a number of them being cases in which other surgeons had deemed tenotomy or osteotomy necessary. He claimed that the apparent loss of time was more than compensated for by the symmetry and function of

the foot which followed traction treatment. It was wonderful to what a degree the contracted tissues became elongated under persistent traction force. He would present his apparatus the following day.

Talipes Equinus Treated by Division of the Tendo-Achillis.

Dr. L. H. Sayre, of New York, presented a boy whose tendo-achillis he had recently divided for talipes equinus, with the result of being able to bring the foot fully to a right angle. He first saw the patient four years ago, when, as a result of infantile paralysis, there was extension of the foot, power having been lost in the anterior group of muscles, but the foot could be flexed by the hand. He saw him again two years ago, when the tendo-achillis was contracted. He advised division of the tendon and plantar fascia, but it was not permitted. Afterward the patient was treated about seven months by traction apparatus in the hands of another surgeon, but unsuccessfully. Three weeks ago, Dr. Sayre divided the tendon and plantar fascia, and now the boy could flex the foot to a right angle. The tendo-achillis had united.

Dr. Ketch had applied the traction apparatus in this case, but he had seen the patient only about twice during the treatment, and he did not think it could be regarded as a case in which traction treatment had been properly tried.

Dr. Ridlon, of New York, said that when treating such cases by the traction shoe they were never satisfied simply to get the foot at a right angle, but they carried it as far beyond a right angle as was possible.

Dr. Sayre said that he was very well satisfied with the result in this case, but in keeping up passive motion the effort would be made to get still further flexion, and to avoid any tendency to recurrence of contraction.

Dr. A. S. Roberts, of Philadelphia, asked whether the result obtained in this case by Dr. Sayre, being only of three weeks' duration, should be put on record as permanent. He referred to three cases in which, during the past month, he had divided the plantar fascia, but in each one there had been a positive relapse after an apparent cure.

Dr. Stillman, of New York, spoke of the preparatory treatment of club-foot. He softened the parts by applying a thick poultice, composed of bran and marshmallow, over the leg. This rendered both the immediate and after treatment much easier. The operative treatment was less important than the after-treatment, or third stage. Formerly

he held the view that every case of club-foot could be cured by mechanical means, but he had changed his opinion. There were certain cases which could not be cured by any amount of stretching.

The case was further discussed by Drs. Morton, Shaffer and Berg. Dr. Berg applied a plaster-of-Paris dressing after tenotomy.

Chronic Osteitis of the Shoulder Joint.

Dr. V. P. Gibney presented two patients, and gave their further history since presenting them at the Orthopædic section of the Academy of Medicine, in 1886. Both patients were now young ladies. In the first, since 1886, an abscess, which had been several months in forming near the axilla, finally opened spontaneously. It continued to discharge two or three months, and then closed. His patient had markedly improved during the past year; the affected arm and shoulder had increased in size, and become fairly mobile, constituting a useful member.

In the second case, in which *brisement forcé* had been formerly employed, the further history was that a small abscess had formed, and the pus had been withdrawn. The arm had continued to atrophy, and there was now a very marked difference between the two members.

(To be continued.)

NOTES AND COMMENTS.

Adulteration of Pepper.

Ground olive stones have for some years past been employed as an adulterant for black pepper. Under the name of poivrette they have become a regular article of commerce, the true inwardness of which was first exposed by Dr. Campbell Brown, of Liverpool, England. To detect this adulterant, Dr. Brown directs to boil a portion of the suspected sample in water, to which has been added a little caustic alkali. Dilute the fluid with much water; allow to stand, and pour off the liquid from the remaining solid particles and wash two or three times by decantation. The hard, yellow particles which remain are poivrette, the dark particles are husk. If any particles of bleached husk cells slightly resemble the poivrette, they can be distinguished by their softness and by the microscope. The poivrette may be still more easily recognized by the toughness of its particles; if a specimen of the adulterated pepper be triturated in a mortar and sifted through bolting-cloth, the poi-

vrette will remain behind, being too tough to pulverize.

Sand, which is often present in much too large a proportion in ground pepper, is easily separated by throwing it into chloroform. The sand sinks while the particles of pepper float.

Colds Taken in the Cars.

In these days when travel by railroad is very common, a few words on the best means to prevent taking colds in the cars will be useful. For men a light cap, one that will cover over the ears, so as to serve as a night cap, will be desirable. In cold weather a woolen cap is best. This cap should be put on as soon as the car is entered. A loose blouse should take the place of the coat usually worn. Slippers must not be worn. If there is a draught in the car, face it; do not let it strike the back. Have the bed made with its head toward the engine; the dust will then be driven to the foot, where it will do the least harm. Be sure to have a sufficient quantity of bed-clothes to keep warm. A soft, loose-knit, woolen hood is the best head-wear for women; this should be worn at night also. It should be warmer in winter than in summer months. The corsets should be removed at night, and a loose woolen wrapper worn for a night-dress. The stocking supporters as well as every constricting band around the waist should be loosened. Every adult should take from five to ten grains of quinine (!) on going to bed. It will be well to rub the hands, feet, face and neck with a little vaseline at the same time.—*Journal of Reconstructives.*

Thymol as a Remedy in Tapeworm.

An Italian physician recommends thymol as a remedy for tapeworm. A dose of about half an ounce of castor-oil is given in the evening, when the patient should abstain from food, and take, next morning, two drachms of thymol, divided into twelve doses, one every quarter of an hour. About half an hour after the last dose has been given, a dose of castor-oil should be administered. This is usually followed by the expulsion of the dead worm. Thymol quickly depresses the pulse, respiration, and temperature, and to obviate any ill effects from this cause, frequent doses of brandy or spirits should be given at the same time. The advantages of thymol are said to be that it produces no disturbance of the stomach, is rapid in effect, is both a tænicide and a tæn-

ifuge, and, while certain in action, will do no great harm if an error in diagnosis has been made.—*Chemist and Druggist.*

Disabled Great Men.

The Emperor William is suffering from advancing years, the Crown Prince from a laryngeal papilloma, and Bismarck from rheumatism; Mr. Gladstone has catarrhal troubles of his respiratory organs; Sir Michael Hicks-Beach has cataracts; Mr. Parnell has some unknown malady which makes him an invalid; Lord Randolph Churchill married an American lady, and has the (alleged) American disease, neurasthenia; Mr. Blaine is reported to be a *Brightique*; Mr. Manning is hemiplegic; President Cleveland is rheumatic and lipomatous; the Emperor of Russia is suffering from mental depression.

CORRESPONDENCE.

Pleasant to Take.

EDS. MED. AND SURG. REPORTER:

* * * I have been a subscriber to REPORTER for several years, and can say that among the numerous journals which I have read and subscribed to I like the REPORTER best of all; and while I liked it under the management of its former editors, it seems to me that the numbers which the new editors have issued are fuller than usual of select practical matter, such as interests a general practitioner.

J. W. CLARKE, M. D.

Clayton, Ala.

EDS. MED. AND SURG. REPORTER:

* * * I have taken the REPORTER for eighteen years, and find it just what the practitioner needs.

Very respectfully yours,

JAS. BAKER, M. D.
Minneapolis, Minn., June 16, 1886.

E. Prognosticating the Sex of the Unborn.

EDS. MED. & SURG. REPORTER:

Can we foretell, by any symptom, the sex of a child in utero? I have found the following symptoms to invariably treat me kindly in diagnostic results. If the mother feels the weight of the child nearly continually on the *left* side, the sex will be *male*. If, on the contrary, the weight is on the *right* side, the sex will be *female*. There are fre-

quently times when the mother cannot say which side the child is mostly felt, but if requested to tell which side the greatest weight is felt when the child is quiet, she can always remember. If the preference is for a particular position on the left side, result boy; if on the right side, result girl. In the last twenty-five cases, I have not made a failure in foretelling the sex. RICHARD B. STEWARD.

Warren, Pa., June 6, 1887.

Epistaxis.

EDS. MED. AND SURG. REPORTER:

Have just read in the REPORTER extracts from Dr. Ingals' paper on epistaxis (read before the Illinois State Medical Society), and will say for the benefit of the readers of your valuable journal that ordinary chewing gum, rapidly chewed for a few minutes, will relieve almost every case of epistaxis.

Yours resp., S. C. STONE, M. D.
Milton, Or., June 11, 1887.

NEWS AND MISCELLANY.

Members of the American Orthopaedic Association.

New York.—Virgil P. Gibney, Newton M. Shaffer, A. B. Judson, Lewis H. Sayre, W. B. De Garmo, R. H. Sayre, Samuel Ketch, John Ridlon, C. F. Stillman, J. D. Bryant, H. W. Berg, H. Lyng Taylor, Charles F. Taylor, Dillon Brown, Geo. S. Knickerbocker, E. Develin, C. W. Stimson, A. J. Gillette, John C. Schapps, and Lewis Steaman.

Philadelphia.—William Hunt, A. Sydney Roberts, Thomas G. Morton, De Forrest Willard, and H. Ernest Goodman.

Boston.—E. H. Bradford, Buckminster Brown, R. W. Lovett, C. M. Cushing.

St. Louis.—A. J. Steele, H. Hodgen.

Minneapolis.—James E. Moore.

Denver, Col.—W. R. Whitehead.

Chicago.—Edward Andrews.

Buffalo, N. Y.—Roswell Park.

Hartford, Conn.—Geo. B. Packard.

Louisville, Ky.—Ap. Morgan Vance.

Cincinnati, Ohio.—Geo. W. Ryan.

OFFICERS ELECTED FOR TWO ENSUING YEARS.

President—Newton M. Shaffer, New York.

Vice-Presidents — A. Sydney Roberts,

Philadelphia; E. H. Bradford, Boston.

Secretary and Treasurer—L. Hall Sayre, New York.

Corresponding Secretary—Samuel Ketch, New York.

COMMITTEE ON ADMISSIONS.

V. P. Gibney, New York, *Chairman.*
 E. H. Bradford, Boston.
 A. Sydney Roberts, Philadelphia.
 A. J. Steele, St. Louis.
 A. B. Judson, New York.

COMMITTEE ON PUBLICATION.

Henry Lyng Taylor, New York.
 R. W. Lovett, Boston.

The Climate of Colorado.

In reference to an inquiry recently inserted in the columns of the *Lancet*, Mr. T. Laffan, of Cashel, sends to that journal a letter, from which is made the following extract: "I must say, from experience and a long residence in Colorado and the adjoining territories, that the climate is unsurpassed. To those suffering from incipient consumption, by proper attention to exercise, such as hunting, fishing, etc., there is no question but in a short time all traces of the disease will disappear. I have known young men who went there eight or nine years ago as hopeless invalids, and after a few months' sojourn returned to their eastern homes rugged and robust men. Those far advanced in consumption will have a hard time of it as regards breathing, owing to the extreme lightness of the atmosphere. For such the equable temperature of New Mexico is more suitable. As a resort I would recommend the San Luis Park; it is a beautiful valley, extending several hundred miles, running north and south, from Del Norte, Colorado, to Santa Fé, New Mexico, and over twenty miles wide, between the Sangré de Christo and Conejos ranges of the Rockies, with an average of about 4,000 feet elevation above sea level. Game abounds, and fishing in the Rio Grande river, which runs through the valley, is excellent. The winters are not quite so rigorous as in the mountains. I have seen men in that country who were so emaciated physically that their life was not worth a cent. Profuse expectoration appeared to trouble them most. In a short time they became hale and hearty. Persons in an advanced state or period of the disease suffer much; they even bleed from the nose and mouth on the least exertion. This is owing to the high altitude and light air. But the Mexican people say that by drinking tea made from the wild mountain sage all traces of the disease are eradicated; and no Mexican is troubled with consumption that is to be attributed to climatic influences."

Leprosy in South Africa.

U. S. Consul Seiler, at Cape Town, has sent to the State Department a report on leprosy in South Africa. The first case of leprosy in Cape Colony was introduced by Malay slaves more than one hundred years ago, but not until 1845 was any attempt made by the Government to stamp out the disease. In that year a leper asylum was established at Robben Island, seven miles from Cape Town, and, up to 1884, 744 lepers had been admitted to the institution, and comprised but a very small proportion of the leper population, as the segregation of lepers was not made compulsory. The rapid increase of the disease, particularly among the European population, as described in the reports of district surgeons, has aroused the Colonial Government to action, and a second and larger asylum is in process of construction, the present accommodations being wholly inadequate to provide for all the afflicted applying for admission.

Washing Out the Stomach.

This operation, such a novelty a few years ago, is coming quite in vogue in the treatment of certain forms of dyspepsia. The following is the way in which it is carried out: A soft red rubber tube is passed gently down into the stomach, quite to the pylorus; with this tube is connected about a yard of flexible tubing and a glass funnel, which is held on a level with the patient's breast. Tepid water is poured slowly into the funnel until a sensation of fulness is experienced. The funnel is then lowered to the level of the waist, and the fluid allowed to siphon out. The process is repeated until the water returns quite clear.

Good Advice to Druggists.

At the recent meeting of the Pennsylvania Pharmaceutical Association, Mr. Kennedy dwelt upon the facts that the customer comes to the druggist with confidence in his ability and integrity, and that the former should be made to feel that he is being conscientiously and honestly dealt with. This could be accomplished by charging fair remunerative prices and dispensing only what are believed to be absolutely pure medicines. It is always well to impress upon customers the danger of trifling with disease, and the importance of seeking medical advice, and to discountenance the use of proprietary medicines.

Typhoid Fever.

The increased number of cases of typhoid fever at Mount Holly has induced the physicians there to apply to the State Board of Health for aid in finding out the cause, and removing it, if possible. The President of the Board gave as his opinion that the water of the Rancocas river, which is used to supply the town, had been made impure by sewage from houses at Smithville, where there have been a number of cases of typhoid fever, and that some of the trouble was caused by cesspools that had been improperly constructed.

Payment in Kind.

A Scotch country minister, during a pretty long illness, was most assiduously attended by the village doctor, who ultimately sent in a large bill for medicines and attendance. The minister at once transmitted the money for the drugs; but, "as to the visits," he wrote, "now that I am well, I shall not fail to repay them *in kind*."

Consultations by Telephone.

Several medical men in Paris are reported to have adopted the telephone, and give consultations to such patients as shall have subscribed beforehand for the purpose. The practice, however, is not likely to be productive of much else than a number of funny remarks in the comic papers.

Items.

—The *Journal of Hydrotherapeutics* is the title of a new monthly journal published in London.

—There is one admirable feature about a wire-fence. The patent-medicine men can't paint a legend on it in regard to his liver cure.—*Puck*.

—The first Danish lady physician, Miss Nielsen, has just begun to practise at Copenhagen. She took her degree with the highest honors.

—One of the largest medical fees recorded is that of \$40,000 recently paid to Dr. Anderson Critchett for visiting and treating an Indian prince.

—The largest dose of quinine ever given, according to Dr. C. E. F. Knight, of Dublin, was administered by himself in 1883, and was 131.25 grains in twenty-four hours.

—A prevalence of rabies among dogs and cattle is reported in Calhoun county, Flor-

ida. Several persons have been bitten by rabid dogs, and "dog and cattle killing parties are organizing."

—A prize of 10,000 francs is offered by the Académie de Médecine, Paris, for the best work on the treatment of stricture of the urethra, or on the therapeutic methods for diseases of the urethra.

—On June 13th there had been twenty-six cases of yellow fever in all at Key West, Fla. One or two new cases appear daily, but it does not seem likely that the epidemic will be an extensive one.

—A country hotel proprietor, who had advertised for city boarders, was astonished the other day at receiving a letter from a Philadelphia gentleman asking him to send him samples of his drinking water for analysis.

—A new medical journal is to be published shortly in Paris, under Professor Grancher's direction. It will be called the *Univers Médical*, and the editor intends to devote a much larger part to foreign news than is usually given in French papers.

—Prof. Hyrtl, of Vienna, who is now seventy-five years old, has been suffering for some time with cataract, and he has had his right eye operated on by Prof. Fuchs, apparently with success. His left eye is also affected, and will have to be operated on before long.

—“Reuben,” said Mrs. Stubbs, laying down the evening paper, “what is meant by optimism?” “Optimism?” “Yes. The paper says that optimism is not a characteristic of the modern age.” “Optimism, Hannah, is a disease of the eye; an’ you’ll git it the fust thing you know, if you keep on a-readin’ that fine print.”

—An authority on canned goods reveals the interesting fact that most of the jellies in the market are made of apple-parings and cores. Sometimes the stock is kept so long that it will not make jelly; then they make strained honey out of it. This is called enterprise in America. In France they call it criminal, and send the men who practise it to jail.

—The practice of the healing art is an occupation intrinsically dignified. It cannot be divested of this quality by the humble condition of the practitioner or the lowly sphere of his patient. Requiring from its votaries the possession of every exalted qualification that can adorn the heart and grace human nature, there is no profession nobler than that of the physician. Cicero has truly

and, that in nothing does man approach nearer to the gods than in giving health to his fellow-man. A physician of genius is the noblest gift which nature can bestow upon humanity. He is the equal everywhere of the highest in society.—*Dr. J. H. Thompson.*

—In an interesting article on cream, its value and use, Professor Arnold, of Cornell University, says: The superiority of cream over butter or any other solid fat consists, first, in its being not exactly in a liquid form, but in a condition allowing of great mobility between its particles, permitting the gastric juice to mix with it in the most perfect manner, and with whatever else the stomach contains, thereby aiding digestion. Its behavior is quite different in this respect from that of butter and other pure fats. As soon as they become melted they grease over the other contents of the stomach, obstructing, in a measure, the contact of gastric juice, and hindering, rather than hastening, the progress of their digestion.

OBITUARIES.

DR. JOHN Q. BIRD.

Dr. John Q. Bird, who was for three years President of the Jersey City Police Board, died on June 17th of blood poisoning. Two weeks ago he was made one of the medical staff of the Jersey City Hospital. In making an autopsy upon the first patient he attended there, he made a small cut on one of his fingers. He bathed the hand in carbolic acid solution, and gave the wound no more thought till the next day, when the injured finger began to swell, and the inflammation spread to his hand and arm. Dr. Theodore R. Varick, who was called, lanced the wound and tried to arrest the inoculation of his patient's system, but without avail. Dr. Bird leaves a widow and two children. He was about forty years of age, and for seventeen years had been connected with the Jersey City Police Department, either as a member of the Governing Commission or as Police Surgeon.

JOSEPH-DIEUDONNÉ BOUSSINGAULT.

The death is announced from Paris of the eminent French chemist, Professor Joseph-Dieudonné Boussingault. The deceased, who was born in 1802, occupied the chair of Agriculture in the Paris Conservatoire of Art and Industry. M. Boussingault was the author of a large number of papers on physics and chemistry, and of treatises on "Chem-

istry and Physiology in Agriculture." His name is familiar to all medical students through his feeding experiments, in which he deprived animals of salt.

Official List of Changes

OF STATIONS AND DUTIES OF OFFICERS.

Medical Department U. S. Army, June 12 to June 18, 1887:

Col. J. H. Baxter, chief medical purveyor, to proceed to New York city for the purpose of inspecting the medical purveying department of that place, S. O. 133, A. G. O., June 10, 1887.

Par. 15 S. O., 52 A. G. O., March 5, 1887, is so amended by Par. 9 S. O., 133 A. G. O., June 10, 1887, as to direct that Major Chas. H. Alden, surgeon, be relieved from duty in Div. of Dakota about June 20, 1887, and he is granted leave of absence from the date when so relieved, to include August 27, 1887.

Major B. E. Fryer, surgeon, found incapacitated for active service by an Army Retiring Board, and granted leave of absence until further orders on account of disability, S. O. 133, A. G. O., June 10, 1887.

Capt. Jno. D. Hall, assistant surgeon, leave of absence extended one month, S. O. 136, A. G. O., June 14, 1887.

First Lieutenant W. C. Borden, assistant surgeon, granted leave of absence for one month, S. O. 138, A. G. O., June 16, 1887.

In the Medical Corps of the Navy for the week ending June 18, 1887.

Surgeon Thomas C. Walton ordered, June 15, for examination preliminary to promotion as medical inspector.

Surgeon A. F. Price detached from special duty, Annapolis, Md., to proceed home, and wait orders.

Surgeon James M. Flint detached from the "Albatross," and ordered to the Smithsonian Institution.

P. A. Surgeon W. G. G. Willson ordered to the Receiving Ship "Independence," Mare Island, Cal.

U. S. Marine Hospital Service, for the two weeks ended June 18, 1887:

Bratton, W. D., assistant surgeon. To proceed to Seattle, W. T., on special duty, June 8, 1887. When relieved to rejoin station at San Francisco, Cal., June 11, 1887.

Watkins, R. B., assistant surgeon. Granted leave of absence for thirty days, June 8, 1887.

Heath, F. C., assistant surgeon. To proceed to Marine Hospital, Detroit, Mich., for temporary duty, June 17, 1887.

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